

All BH Provider Call w/PHS – April 17, 2020 – 10 a.m. – 11 a.m.

Meeting Notes

Attending Presenters:

Aliya Jones, Stephanie Slowly, Rebecca Perimutter

Announcements

Opening Remarks from Stephanie Slowly – The meeting will be recorded, if you do not wish to be recorded, please disconnect. There will be a Q&A session within this webinar. We thank everyone for joining us again. Dr. Aliya Jones will be joining us later and providing some final remarks.

Any questions that arise after these sessions, we encourage you to continue to submit them to Sydney.rossetti@maryland.gov by Wednesday before that week's Friday call.

Discussion

Rebecca Perlmutter, Epidemiologist, Infectious Disease Epidemiology and Outbreak Response Bureau, Public Health Services will give updates today on COVID-19 issues.

1. Latest Data from CDC on Coronavirus (See attached PP) and New Guidance

It is still Coronavirus season and could be a little while yet. We will look at some the numbers and some new guidance that has come out. For the latest data on cases review PP slides. We are doing a lot of testing in the US even though it may not be enough. US has tested over 3 million people, almost 700,000 have come back positive. Case counts continue to rise; Maryland has more than 11,000 cases as of this morning. 788 of those were newly reported yesterday. Keep all these numbers being shared with you today in mind, which will explain why some of the changes in guidance. Generally, we are reporting about 5 and 700 new cases a day; it is generally good news. This is linear growth, maybe case counts will go down each day.

Returning to Work guidance (came out as of Monday) for health care workers – CDC strategy is preferred to be a 'test-based' strategy – (see slide 7), which means: 72 hours after no fever with improved symptoms, and at two (2) negative COVID-tests at least 24 hours apart. If a 'test-based' strategy is not available, then a 'symptom-based' strategy

would be acceptable – 72 hours fever free, improving symptoms and 7 days after symptom onset. If you have the option, it is preferred to do testing.

When returning to work, HCW should avoid taking care of patients with compromised health until symptoms are completely resolved or 14 days after onset.

Anyone else who is not a direct HC provider, can use symptom-based strategy. We do not recommend testing in asymptomatic patients, except in extremely rare instances. If you do test an asymptomatic person, and they test positive, they have to be out of work for ten days after they test positive. So if they are asymptomatic, we are recommending they not be tested.

Slide 8: This is very new and exciting. Excluding HCW who has been exposed to HC patients. Given the ongoing transmission of COVID 19 in communities and the role that asymptomatic patients and pre-symptomatic individuals play in transmission, healthcare workers should consider foregoing contact tracing for exposing in health care settings in favor of universal source control for HCP and screening for fever and COVID 19 symptoms before every shift. In other words, staff who have been in close contact, with a COVID 19 patients do not need to be excluded from work – work or household contact. This is new; we will have to see how this goes. Being exposed at work is now not considered any higher risk than living in the community. Recommendation is for 'source control'. This means wearing a mask all the time. This could even be a cloth home-made mask, bandana around your face. This will keep your germs in. Everybody should contain their own germs, and this is what wearing the masks will do. Disposal surgical masks if you want to save for HCW, and cloth washable masks for clients or bandanas are also fine, which they will wear once and put in laundry.

Washable masks can be put in the laundry. COVID 19 contaminated laundry DOES NOT have to be washed in any special way.

How do you do Universal Masking – As soon as you step into the public location, put the mask on. Mask needs to cover nose and mouth. This protects everyone else around you from your germs. Exhaling could be 'riding along' on little droplets that you are exhaling. Always assume the outside of your mask is contaminated. So do not touch the outside of mask. If you have to adjust your mask, wash your hands, make the adjustment and then wash your hands again. Adjust masks by ties in the back and not the front of the mask.

If you are providing direct patient care, you should be wearing a surgical or a medical procedural mask when interacting with patients. If you are visiting a facility or just passing meds, etc., not providing direct patient care, then any home-made mask on both the patient and the caregiver is fine.

If you in grocery store, getting gas in car, riding in public transportation, or anywhere there is other people around keep your masks on. We hope that this too will help keep cold germs down as well.

2. **General Infection Control (slide 11)**

Encourage respiratory etiquette, which means you should cough or sneeze into your elbow or cover your mouth with a tissue and then throwing that tissue away and wash your hands. Wherever you are, make sure that there is alcohol-based sanitizer in a facility makes sure there is plenty on wall, near elevator and the bathroom. Make sure people are using it. Make sure sinks are stocked with soap and paper towels. Make sure there is adequate space in between all residents/clients; waiting room in chair space to keep social distancing for both clients, staff, patients. Make sure there is enough hand sanitizer, tissues, waste baskets, etc.

If you have cases in your facilities, contact your Local Health Department. Make sure asymptomatic patients are on transmission-based precautions – wearing masks, and HCW interacting with them are wearing gowns, gloves, masks, and eye protection. Make sure staff are not coming to work sick, and if they are, then send them home, and make sure to not dock their pay because otherwise staff may begin to lie to you about being sick if they may not get paid. Have a really good sick leave policy ensuring people are not going to be punished if out sick, which is especially important right now.

You can do contact investigations, but it looks like its going to be sent to the CDC archive because at this point, everyone is exposed. You no longer have to exclude HCW with high or medium exposures because that part has been eliminated from the guidance.

Make sure ill residents and staff to local Health Department is important.

We are seeing a lot more outbreaks in Developmental Disability group homes. This is an issue coming up. Usually it is the staff member – if staff are not wearing the mask, the illness can be spread to residents. So it is important to make sure staff and residents know how to wear and take off a mask without contaminating themselves.

Behavioral Health Provider Questions for Public Health Services: 4/17/2020

Questions from Chat Box:

1. Any data on impact of COVID-19 with individuals with HIV/AIDS?

Public Health Services Response: There is some information that immunocompromised can be a risk factor for developing more severe symptoms of COVID 19. So, if an individual living with unsuppressed HIV or have progressed

to AIDs, then yes probably be a risk factor to developing more disease. They are still working in quantifying this – still working on more findings.

2. Emailed question: Related to contact tracing for patients who leave the facility AMA even you think they might have COVID.

Public Health Services Response: This is going back to not really worrying much about contact tracing anymore. There is a lot of Coronavirus in the community, so while we are trying to convince people to stay home if they are sick and not expose other people, we are aware that this is not always feasible. It is sort of the ‘horse has left the barn,’ ‘ship has sailed’ situation. Having a few more people who may have the Coronavirus, they will not probably be impacting the rate of transmission in the community at this point.

3. Is there any data on the relative infectiousness of asymptomatic vs symptomatic individuals?

Public Health Services Response: I have not seen that, there are studies ongoing; the results have not been published yet. In looking at other viral infections, people are less infectious when they are asymptomatic and more infectious the first few days of their illness. But not swearing to that, this is just extrapolating information from other viruses.

4. How will we manage claims when we return to the office or counseling sessions?

Public Health Services Response: Assuming you right now you are doing a lot of telemedicine, which is great – doing social distancing and conserving PPEs, it will depend what things look like and people start doing face-to-face interactions. It is quite possible that there will be this low level transmission so people will be encouraged to continue to wear masks in public. We will see when this starts to happen, it probably will not start this month. Look for recommendations when we start returning to face-to-face interactions.

5. Do you recommend wearing gowns on intake on doing an assessment in residential facility on an asymptomatic individual, especially when gowns were not worn prior to COVID?

Public Health Services Response: The gown is there to keep germs from the patient from getting on the healthcare worker and keeping germs from that patient getting on other patients. If you are not coming in close contact with that patient during intake, such as doing ‘vital signs and physical examine,’ and are able to stay 6 feet or

further away from that patient, then no gown is necessary. Once the gown is on, you would have to assume that the gown is contaminated. So you would have to be able to take the gown off yourself without contaminating yourself. This takes practice and skills. Keep distance instead to keep all from sharing germs.

6. What about viral lows?

Public Health Response: Which viral lows?

The PowerPoint Slides will be available – will be posted on BHA Website.

BHA Office Updates, Cancellations, and Rescheduling

Closing Remarks -

Conference call meeting is scheduled weekly on Fridays for 1 hour 10 a.m. – 11 a.m. Next meeting will be held Friday, April 24, 2020. Please be sure send in your questions ahead of time.